

CALIFORNIA EMERGENCY MANAGEMENT AGENCY

**COORDINATOR (LAW ENFORCEMENT), OES
SENIOR COORDINATOR (LAW ENFORCEMENT), OES**

**SUPPLEMENTAL APPLICATION
8OEAA**

Name: _____
(Printed)

Address: _____
(Number) (Street)

(City) (State) (Zip)

***YOU MUST SUBMIT YOUR COMPLETED SUPPLEMENTAL APPLICATION WITH
YOUR EXAMINATION AND/OR EMPLOYMENT APPLICATION FORM (STD. 678), IN
ORDER TO RECEIVE A SCORE IN THIS EXAMINATION.***

SUBMIT BY MAIL OR IN PERSON TO:

California Emergency Management Agency
Human Resources - Examinations
3650 Schriever Avenue
Mather, CA 95655

NOTE: Original signatures are required; therefore, faxed application packages will not be accepted for any reason.

I certify under penalty of perjury that the information I have entered on this supplemental application is true and correct. I further understand that any false, incomplete or incorrect statements may result in my disqualification from this examination.

Signature: _____ Date: _____

INSTRUCTIONS

The Coordinator (Law Enforcement) and Senior Coordinator (Law Enforcement) examinations consist of the attached Supplemental Application, which will be used to evaluate your education, training, experience, and familiarity with or understanding of various job related subject areas.

The Supplemental Application is weighted 100% and will be used to determine your final score and rank for one or both examinations. It is important that you fill out the evaluation completely and accurately. YOUR RESPONSES ARE SUBJECT TO VERIFICATION.

If you are applying for Coordinator (Law Enforcement) only, complete questions 1-13.

If you are applying for Senior Coordinator (Law Enforcement) complete questions 1-17.

Candidates receiving a successful score on the examinations will be placed on the employment lists and may be considered for an employment interview for an existing position or future vacancies with the California Emergency Management Agency. Successful candidates will have 12 months of eligibility on the employment list.

Examination results will be mailed to you in approximately 2-4 weeks.

COORDINATOR (LAW ENFORCEMENT), OES SENIOR COORDINATOR (LAW ENFORCEMENT), OES

Please mark the appropriate box for all items

SECTION 1 – EXPERIENCE

	4 or more yrs. experience	2½ to 4 yrs. experience	1 to 2½ yrs. experience	0-12 mos. experience
1. Please indicate the amount of experience you have directing a program, with major emphasis toward:				
A. Law Enforcement Emergency Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Mutual Aid Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Please indicate the amount of experience you have:				
A. Responding to the most sensitive and difficult inquiries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Evaluating performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Setting and adjusting priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Preparing and providing law enforcement training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Please indicate the amount of experience you have in:				
A. Presenting ideas and information to local law enforcement agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Establishing performance standards and expectations for duties and tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Developing good working relationships with staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Mentoring employees to ensure a positive attitude toward their assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Please indicate the amount of experience you have:				
A. Demonstrating initiative, creativity and flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Communicating with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Please indicate the amount of experience you have:				
A. Supervising a group of officers (at least 10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Working as a leader over projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Coordinating the work of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Please indicate the amount of experience you have:				
A. Developing Instructional Lesson Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Analyzing situations and taking effective actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Please indicate the amount of experience you have assisting management in meeting goals and objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 1 -- EXPERIENCE (Continued)

	4 or more yrs. experience	2½ to 4 yrs. experience	1 to 2½ yrs. experience	0-12 mos. experience
you have at the rank of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
of them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2 – EDUCATION

Age Group	Number of People
More than 5 years	40
4 to 5 years	30
3 to 4 years	20
2 years	10

SECTION 3 – TRAINING

Years since last visit	Number of people
4 or more years	4
3 years	3
2 years	2
1 year	1

SECTION 4 – EXPERIENCE – SR. COORDINATOR

- | | 0-12 mos. experience | 1 to 2½ yrs. experience | 2½ to 4 yrs. experience | 4 or more yrs. experience |
|----------|--------------------------|--------------------------|--------------------------|---------------------------|
| Agency A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency D | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency E | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency F | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency G | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency H | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency I | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency J | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency K | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency L | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency M | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency N | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency O | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency Q | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency R | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency S | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency T | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency U | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency V | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency W | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency X | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency Y | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency Z | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

[illegible]